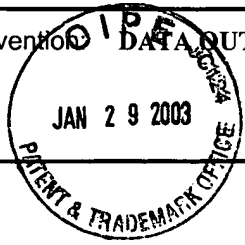
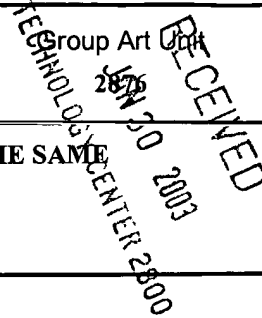

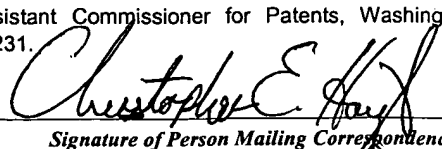
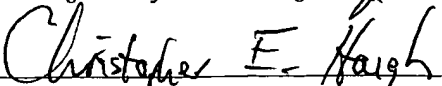


28768

<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>				<b>Docket No.</b> 29973-68355	
Applicant(s): Takuo Komai					
Serial No. 09/842,537	Filing Date April 25, 2001	Examiner Allyson N. Sanders		Group Art Unit 2875	
Invention: DATA OUTPUT DEVICE AND INFORMATION-GATHERING SYSTEM USING THE SAME					
<div style="display: flex; justify-content: space-between;"><div></div><div></div></div>					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.					
<input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	15 -	5 =	10 x	\$9.00	\$90.00
INDEP. CLAIMS	5 -	2 =	3 x	\$42.00	\$126.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$216.00</b>
<input type="checkbox"/> No additional fee is required for amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. 10-0435 in the amount of \$216.00 A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 10-0435 A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature			Dated: _____		
<div style="display: flex; justify-content: space-between;"><div><b>Richard D. Conard, Registration No. 27321</b> <b>BARNES &amp; THORNBURG</b> 11 South Meridian Street Indianapolis, IN 46204 (317) 231-7285</div><div style="border: 1px solid black; padding: 5px; width: 300px;"><div>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.</div><div> Signature of Person Mailing Correspondence</div><div> Typed or Printed Name of Person Mailing Correspondence</div></div></div>					
cc: _____					